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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 OF 65 (check only one) 17	
	y information copied from such Reports and Statement for commercial purposes, other than using the name a		person for the purpose of soliciting contributions	
$\overline{\rangle}$	NAME OF COMMITTEE (in Full) Whitehouse for Senate			
Α.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee		Date of Disbursement	
	Mailing Address 120 Maryland Avenue, NE	10 02 2012		
	City State Washington DC	Zip Code 20002	Amount of Each Disbursement this Period	
	Purpose of Disbursement Transfer to National Party Committee Candidate Name Category/		100000.00 Transaction ID : D419460	
	Office Sought: House Disbursement Senate Prim President Other State: District:			
Full Name (Last, First, Middle Initial) Rhode Island Democratic State Committee			Date of Disbursement	
	Mailing Address 151 Broadway, Suite 310	M M / , D D / Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10		
	City State Providence RI Purpose of Disbursement Transfer to State Party Committee	Zip Code 02903	Amount of Each Disbursement this Period 100000.00 Transaction ID : D419461	
	Candidate Name Office Sought: House Disbursement Senate Prim Other State: District:			
C.			Date of Disbursement	
	Mailing Address			
	City State Purpose of Disbursement	Amount of Each Disbursement this Period		
	Candidate Name Category/			
	Office Sought: House Disbursement Senate Prim President Othe State: District:	For:		
s	UBTOTAL of Disbursements This Page (optional)	200000.00		
TOTAL This Period (last page this line number only)				